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IN REPLY REFER TO

AGDA (M) (9 Jun 70)

FOR OT UT 701260

17 June 1970

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th Medical
Brigade, Period Ending 31 January 1970

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Major General, USA
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21

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15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

240th Med Det (KF), Pleiku 7 Nov 69

245th Med Det (JB), Long Binh 13 Nov 69

541st Med Det (MA), Long Binh 3 Nov 69

No major relocation of medical units was required to fill the void left by these medical units.

c. Several changes in the number of operating beds in brigade hospitals were evidenced during the report period. On 1 November 1969 the 71st Evacuation Hospital in Pleiku dropped from 305 to 200 operating beds due primarily to a shift in the area of operations of two brigades of the 4th Infantry Division. The 17th Field Hospital became operational in An Khe on 15 November 1969 operating a 100 bed facility. On 2 December 1969 the 3d Surgical Hospital, operating much like a station hospital in the Delta Region, was increased from 100 to 125 operating beds. Probably the most significant change in operating bed activities took place in Long Binh with the closing of the 250 bed PW Hospital on 31 December 1969. With steady decline in PW patients together with an increased capability and willingness on the part of GVN to accept PW patients, a requirement no longer remained for a hospital solely dedicated for prisoner of war patients. The 24th Evacuation Hospital operating bed capacity was raised from 320 to 400 on 31 December 1969 with the addition of two 40 bed PW wards. The final change in operating beds occurring during the reporting period took place in Quang Tri on 6 January 1970 where the 18th Surgical Hospital bed capacity was increased from 70 to 110 beds. This increase in operating beds resulted from an agreement to provide a pediatric service which was formerly a MEDCAP mission of the 3d Marine Division in Dong Ha. Rather than to terminate this worthwhile project, the US Army assumed the mission and transferred the activity to Quang Tri.

d. The last significant activity that took place during the reporting period was the intensive preliminary planning to implement Phase III of the redeployment of US Forces from Vietnam. The actual redeployment/inactivation of units will begin during the next reporting period.

e. Aviation Activities: (1) Aviation activities continued at a relatively high level. During the quarter, brigade aircraft flew 25,237 missions evacuating 46,856 patients. This represents a slight increase in missions and a decrease in patients evacuated when compared to the previous quarter's 24,893 missions and 48,985 patients. Of particular significance was the increase of activity in IV CTZ. During the reporting period, 7122 patients were evacuated which is 1812 patients more than the last reporting period's all time high in the Delta. Patients evacuated by rescue hoist also increased significantly. There were 848 patients evacuated for the quarter of which 381 were evacuated in December. This represents a new quarterly and monthly high for the brigade. A total of 62 aircraft

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15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

THRU: Commanding General
United States Army, Vietnam
ATTN: AVHGC-DST
APO 96375

CINCUSARPAC
ATTN: GPOP-DT
APO 96558

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

1. Section 1, Operations: Significant Activities

a. Headquarters, 44th Medical Brigade was operational throughout the period 1 November 1969 to 31 January 1970, and accomplished its mission of providing Field Army level medical service throughout the Republic of Vietnam. The brigade exercised command and control of assigned units which numbered 143 at the end of the report period.

b. Phase II of the troop redeployment activities in Vietnam (Keystone Cardinal), which was initiated during the last reporting period, continued through this period. The following brigade units were inactivated (during the report period) in country on the dates indicated:

36th Brac Hosp, Vung Tau	25 Nov 69
74th Med Bn, Chu Lai	15 Nov 69
202d Med Det (MA), Long Binh	1 Nov 69

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AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

sustained combat damage and the aircraft availability averaged approximately 73%. The brigade's U-1A (Otter) flew 131 hours transporting 65 passengers and 4 tons of cargo.

(2) On 23 November 1969, the 237th MDHA completed its move from Camp Evans to Quang Tri and became fully operational. On 24 November 1969, and in conjunction with the closing of the 36th Evacuation Hospital, the 247th MDHA was moved to Phang Rang. No significant problems were encountered in either move.

f. S-4 Activities: (1) Construction. Ten MCA projects were completed during the reporting period, the majority of which were improvement type projects, hospital upgrade, water and sewage upgrade, and air-conditioning upgrade work. Construction accomplishments for the period according to the order in which they were completed are listed below.

(a) Air-conditioning upgrade of the 12th Evacuation Hospital, Cu Chi. Completed in November, the project scope included installing and/or upgrading air-conditioning in all wards, the ICU, surgery, pharmacy, the out-patient clinic, and all nurses' quarters.

(b) Air-conditioning upgrade of the 24th Evacuation Hospital, Long Binh. This project was also completed in November, the scope being similar to that described above.

(c) Dispensary facility (4,000 SF) for the 332d Medical Detachment, Long Binh. The project was completed in November.

(d) Mess hall, 180-man, for the 20th Preventive Medicine Unit, Long Binh. The project was completed in November.

(e) Air-conditioning upgrade of the 8th Field Hospital, Nha Trang. This project was similar in scope to the other air-conditioning projects mentioned and was completed in November.

(f) Hospital upgrade, 27th Surgical Hospital, Chu Lai. The scope of this project, which was completed in November, included the installation of steam lines to service hospital wards; the installation of an improved hot and cold water distribution system; the erection of security fencing and revetments; the construction of a supply building, Red Cross building, and water treatment facility; and the upgrade of the air-conditioning and the electrical power systems of the hospital.

(g) Water and sewage upgrade of the 91st Evacuation Hospital, Chu Lai. Included in the scope of this project, which was completed in December, were the construction and/or upgrading of the following:

1 Hospital sanitary facilities, e.g., the installation of toilets, urinals, lavatories, tubs, and showers.

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

2 Water distribution, treatment and storage facilities in support of sanitary requirements.

3 Waterborne sewage collection and disposal systems.

(h) Construction of a gymnasium and a physical therapy ward, installation of area lighting, and renovation of the mess hall, 6th Convalescent Center, Cam Ranh Bay. The project was completed in December.

(i) An air-conditioning upgrade project for the 67th Evacuation Hospital, Qui Nhon, which was finished in December.

(j) An aircraft maintenance hangar for the 82d Medical Detachment at Binh Thuy. The project was completed in December also.

(2) Cost Reduction. The S-4 Section is responsible for the implementation of and supervision over the command cost reduction program. During the quarter, five cost reduction proposals, amounting to \$76,458.00, were submitted to USARV for validation. These submissions, described below in terms of what was innovated to reduce costs, were:

(a) The 32d Medical Depot reduced handling requirements for in-country bound shipments by authorizing the advanced platoons to order and receive bulk medical supplies direct from USAMDR, Okinawa. This action resulted in an estimated savings of \$4,076.00.

(b) The 12th Evacuation Hospital converted one US Military space in the Central Materiel Section to Vietnamese daily hire, thereby effecting a \$2,082.00 yearly savings.

(c) Instead of salvaging unserviceable litters, the 93d Evacuation Hospital instituted a litter repair program. The difference in cost over the course of a year between obtaining replacement litters and repairing unserviceable ones amounted to \$23,800.00.

(d) The 12th Evacuation Hospital revised procedures for preparing IV fluids. Instead of using nursing service personnel to prepare the fluids, as is customarily the practice, pharmacy personnel were trained to prepare them. The new procedure released nurses for more professionally demanding tasks and consequently resulted in a financial retrenchment of \$1,500.00 annually.

(e) Instead of advocating the use of sandbags for revetment and bunker construction, this headquarters encouraged subordinate units to use expedient materials for such requirements wherever possible, i.e., unserviceable 55-gallon drums, scrap lumber, ammunition boxes, etc. The reduction in the number of sandbags used for the year amounted to an overall brigade saving of \$45,000.00.

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

(3) Maintenance Management. The brigade CMMI team inspected 14 units during the reporting period. Seven of these units received satisfactory scores; seven received unsatisfactory scores. CMMI unsatisfactoriness, by and large, were attributable to poor maintenance management practices and/or operations. Re-inspections were conducted for five of the unsatisfactory units before the reporting period ended. Three out of the five passed their re-inspections.

(4) Equipment Upgrade Project. Work continued on the equipment upgrade project, a project which was started during the previous reporting period and which was undertaken for the purpose of obtaining equipment capable of providing the type of diagnostic and therapeutic service required under a longer term evacuation policy. The medical supply branch, using survey data collected from hospitals, developed a consolidated listing of standard equipment requirements. The listing totaled 262 separate line items, forty-seven of which were Acquisition Advice Code "L". The consolidated listing was subsequently screened by consultants in order to determine what quantities of each line item were required for the planned residual facilities. The residual facilities were estimated for planning purposes as four hospitals, six major dispensaries, and forty minor dispensaries. Printouts of the standard equipment listings were also sent to the depot and to each brigade hospital in order to determine what quantities of these items were available in-country. The on-hand inventory had not been computed by the end of the reporting period but will be computed within a few weeks after the period ends, at which time all standard equipment requirements which are not on-hand in-country will be placed on requisition. The requisitioning of some standard items did not have to wait for completion of the inventory because in-country availability was readily known. As a consequence, it was possible to requisition \$700,000.00 of standard equipment before the end of the reporting period. It is anticipated that the remainder of the non-standard requirements will be placed on requisition during the next reporting period. Standard equipment, it is felt, will represent approximately one-half of the total upgrade cost, or \$2,000,000.00. The remaining cost will be the non-standard requirements. Work on this portion of the project, however, was not started during the reporting period because equipment catalogs were not available in-country. Efforts have been made to obtain required catalogs, and there should be sufficient numbers on hand by the end of February to begin developing the non-standard requirements. The latter phase should be completed and all equipment requirements, both standard and non-standard, should be on requisition before the close of the next reporting period, which ends 30 April 70.

g. Chaplain Activities: (1) The quarterly consolidated Religious Activities and Character Guidance Report (DA Form 16-1) for October - December 1969 indicates that 44th Medical Brigade Chaplains conducted 1,751 religious services during this period, with a total attendance of 38,584. Of these services, 1,117 were conducted on weekdays.

AVBJ PO

15 February 1970

SUBJECT: Operations Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

(2) Group religious services produced the following percentages based on an estimated average personnel strength of 8,000 for the quarter:

- (a) Number of services per chaplain per week, this quarter: 6.73
- (b) Number of services per chaplain per week, last quarter: 6.04
- (c) Number of services per chaplain per week, same quarter, last year: 5.53
- (d) Average attendance per service, this quarter: 23
- (e) Average attendance per service, last quarter: 19.6
- (f) Average attendance per service, same quarter, last year: 23

(3) In addition to the services held by Brigade chaplains during the quarter, a total of 295 religious services with a total attendance of 4,083 were held in the hospital chapels by area chaplains providing denominational coverage. These figures are not reflected in the above analysis.

(4) All chaplains have been encouraged to hold more weekday services in order to reach all the highly transient personnel of the hospitals. The increased averages of services per chaplain and attendance are gratifying. The Brigade chaplains are also taking a more active part in administrative and staff actions as well as orphanage and MEDCAP programs.

h. Veterinary Activities: (1) The consolidated non-standard veterinary drug supply point was relocated from Cam Ranh Bay to Long Binh on 1 November 1969 and became operational on 8 November 1969. It is located in the building occupied by the headquarters of the 522d Medical Detachment and the 44th Medical Brigade Veterinarian and is under the supervision of the 522d Medical Detachment.

(2) On 11 November 1969, the 4th Medical Detachment received the Meritorious Unit Commendation during a ceremony held at its headquarters at Long Binh. Period of meritorious service was 1 July 1968 to 31 December 1968.

(3) The 245th Medical Detachment (Team JB - Reduced Strength) was deactivated in-country on 13 November 1969. The 4th Medical Detachment was assigned the mission of the 254th Medical Detachment before the unit was reduced to zero balance on 15 August 1969.

(4) On 24 June 1969, all personnel attached to and serving with the United States Naval Support Activity, Da Nang, during the period 16 August 1966 to 15 May 1969, were authorized to wear the Navy Unit Commendation Ribbon. This includes personnel assigned to the 175th

AVBJ PO

15 February 1970

SUBJECT: Operations Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

Veterinary Detachment in Da Nang.

i. Dietitian's Activities: (1) Major Mary P. Dwyer and Captain Mary Welch of the 68th Group both departed for CONUS in early December. Both were awarded the Bronze Star for meritorious service.

(2) CPT John Harper replaced MAJ Jessie Brewer in the 67th Group on 2 December 1969. MAJ Jessie Brewer was assigned to the 68th Group for the period 2 December 1969 to 10 January 1970. MAJ Brewer was awarded a Bronze Star on her departure.

(3) MAJ Janet Jolin reported in country 29 November 1969 and was assigned to the 68th Group.

(4) CPT Irene Begg reported in country 2 January 1970 and has been assigned to the 3d Field Hospital in Saigon. She is the first dietitian to be assigned to a hospital in Vietnam. All others have been assigned as dietary consultants to the Medical Group.

(5) On 25 January 1970 MAJ Marcia Turpin was assigned to the 68th Group due to the inactivation of the 43d Medical Group.

(6) At the end of the reporting period 13 warrant officers, MOS 941A and 43 Hospital Food Service enlisted personnel are assigned to hospital messes in the 44th Medical Brigade.

(7) The staff dietitian and the Food Service Supervisor made 37 liaison visits to units in the Brigade during the quarter.

(8) A best mess award program has been established in the 68th Group and in January 1970 the first plaque was awarded to the 45th Surgical Hospital.

(9) The Brigade Dietitian assisted the II Field Force Food Service Officer in developing a 28 day cycle menu which is more acceptable to the Thai Army. It was approved by MACV on 9 January, and after procurement problems are resolved it will be implemented by 1st Logistical Command in the next two months.

(10) The 18th Surgical Hospital was moved to Quang Tri during the month of November. Mess equipment was relocated to the new mess hall and installation of equipment was accomplished with the help of 67th Group Food Service

(11) During November the 20th Preventive Medicine Unit moved into a new mess hall located in Long Binh. This was a new building and a self help program enabled them to move on 25 November 1969. The Food Service at the 36th Evacuation Hospital was turned over to 1st Logistical Command

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

in November 1969. The mess hall of the 50th Clearing Company closed on 23 January 1970.

(12) During this quarter units of the brigade have served a total of 838,567 rations of which 173,691 were served on the wards. A total of 22,521 modified diets were served which comprised approximately 8% of total patient rations.

j. Dental Surgeon's Activities: The use of mobile dental teams to provide temporary, on-site dental support to Battalion Fire Support Bases has proven to be an effective means of preventing loss of personnel from duty. These teams operate out of mobile dental vans or from space provided by Fire Base Commanders. It was observed that many Fire Bases could not accommodate the mobile van, due to the tactical situation, nor provide suitable space to set up field dental operating equipment. An evaluation of the situation led to the conclusion that, if adequately bunkered spaces were already available, Fire Base Commanders preferred accommodating the mobile dental team with minimum field operating equipment. Few Fire Bases had adequately bunkered space already available. It was recommended that existing Battalion Fire Support Base aid stations be expanded to allow sufficient space for field dental operating equipment. (It should be noted that utilization of aid station space for this purpose will not interfere with the treatment of mass casualties; field dental equipment can be quickly reduced to a compact package and removed if necessary. Further, a dental officer is well qualified to provide valuable assistance in the management of mass casualties.) This recommendation was submitted as part of ORLL through the USARV Surgeon's Office to G-1. The Division area that prompted this study has now included in its plans for Fire Bases presently being constructed aid stations with sufficient space for this purpose.

k. Nursing Activities: (1) COL Jeanne M. Treacy, ANC, ANC Assignment Branch, OTSG visited most of the 44th Medical Brigade hospitals during 2-15 November 1969. The purpose of her trip was to discuss career planning with individual Army Nurse Corps officers.

(2) The new procedure of cutting orders on incoming ANC officers at USARV Surgeon's Office, Personnel Division, has decreased their inprocessing time at the 90th Replacement Depot by several days.

2. Section 2, Lessons Learned: Commander's Observations, Evaluations and Recommendations

a. Personnel:

(1) Separation of ANC officers

(a) Observations: The existing system of obtaining CONUS orders for pregnant ANC officers requires that a telecon message be relayed to the Office of The Surgeon General (OTSG) requesting reassignment authority.

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

The response to the request was often delayed from 3 to 4 weeks, which in turn caused embarrassment and hardship for the officer.

(b) Evaluation: To resolve this situation it was suggested by OTSG that authority be delegated by HQ, USARV to CG, 44th Medical Brigade to reassign ANC officers to the CONUS hospital of their choice upon determination of their confirmed pregnancy. The authority was granted for reassignment utilizing para 6-1, AR 614-30 as the authorization. This action will be taken following the submission of an application for resignation by the officer concerned, UP chapter 7, AR 635-120, prior to departure from RVN.

(2) Administrative Absence.

(a) Observations: There has been considerable confusion regarding the approval authority for administrative absence for the purpose of taking medical specialty board examinations. Several ambiguous paragraphs existed in USARV Reg 40-25 which precipitated slow moving applications for this absence because subordinate commanders were under the apparent impression that the Commanding General, 44th Medical Brigade had final approval authority. Late or slow moving applications cause undue hardship on the applicants due to the uncertainty and advance notification often required by the specialty boards.

(b) Evaluation: A direct inquiry was made by HQ, 44th Med Bde to HQ, USARV regarding this approval authority. By indorsement, the Brigade was advised that USARV Reg 40-25, dtd 25 Sep 69, did not delegate the authority to approve administrative absence to subordinate commands for the purpose of taking specialty board examinations. All requests should be forwarded through channels to HQ, USARV for final action.

(3) Veterinary Enlisted MOS 91R (Food Inspection Specialist)

(a) Observations: Current duties, skills, and knowledges as described in AR 611-201 are not realistic in regards to duties actually performed and skills and knowledges needed at the different skill levels. Present lower skill levels as described in AR 611-201 require much more background information than is either required or utilized in the performance of the job. Very little emphasis is placed on actual inspection procedures and how to do techniques.

(b) Evaluation: AR 611-201 does not provide sufficient numbers of people in grades E6 and above to accomplish the job. This AR does not provide for a progression from one grade to another. The AR 611-201, Standards of Grade Authorization, appears to recognize supervision as the criteria for E6 and above rather than a combination of skill and supervision.

(c) Recommendations: That DA undertake a comprehensive study to

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

improve the Standards of Grade Authorization and description of skills and knowledges.

b. Intelligence: None.

c. Operations:

(1) Contractor Contractual Responsibilities

(a) Observations: Contractors at the five dairies furnishing dairy products to the military in RVN are not performing all required inspections (examinations and tests) contained in their contracts and referenced specifications and standards.

(b) Evaluation: A meeting was held 14 November 1969 with plant managers to discuss and explain responsibilities associated with the production, examination, and testing of dairy products being procured by the military.

(c) Recommendation: Contracting Officer should consult with Contractor's Representatives to secure modification of existing contracts relative to any current requirements which may be unrealistic for the contractors to routinely perform.

(2) Government Testing of Dairy Products

(a) Observations: Currently the laboratory facilities in RVN do not have the capability of conducting the required chemical analysis on dairy products produced for the military.

(b) Evaluation: Chemical analysis of dairy products by the government is required to verify the contractor's results and to ensure contractual compliance. Dairy contracts in RVN amount to approximately 24 million dollars per year. Support for the chemical testing of dairy products has been obtained from the 406th Medical Laboratory in Japan. Transportation of specimens has frequently prevented completion of analysis as frequently as desired by procurement authorities. The chemical testing of dairy products by the 406th Medical Laboratory has only partially solved the analysis requirements.

(c) Recommendation: Procurement requirements be revised to provide for Government testing in contractors laboratories in RVN. Veterinary inspection personnel currently stationed in plants concerned can perform tests required at no additional expense to the government.

(3) Infestation of Cereal Products

(a) Observations: Large quantities of cereal products, in particular

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

flour, have been condemned in RVN due to insect infestation.

(b) Evaluation: Infestation of cereal products can be prevented. Improved processing and insect proof packaging are needed.

(c) Recommendation: Procurement of flours for use in RVN specify larva destruction by heat or chemical means during processing followed by packaging in hermetically sealed drums or cans.

(4) Hospital Security Forces

(a) Observations: Hospitals in Vietnam are extremely vulnerable to enemy activity, especially in the form of sapper attacks. Many of the facilities are located on or near airstrips, others are located on the perimeter itself. The redeployment and relocations of large numbers of combat troops depletes available physical security resources in a given area. More and more, hospitals must depend on organic resources for physical security. This situation contrasts the WW II concept of deployment when hospitals were relatively secure, located behind the supported combat forces and in close proximity to combat support and other combat service support units.

(b) Evaluation: The impact of limited forces was dramatically brought to light by two recent incidents which took place at the 6th Convalescent Center in Cam Ranh Bay and at the 17th Field Hospital in An Khe. Cam Ranh Bay had been considered one of the most secure locations in Vietnam prior to the sapper attack. Available security personnel from the hospital were on duty at the time of the attacks. The TOE of the 6th Convalescent Center recognizes the need for outside security forces to protect the installation. In this respect a military police service organization is identified as the type of unit which should be made available to a Convalescent Center. This document however, does not authorize the assignment of such an organization.

1 Hospitals in Vietnam provide area medical support. In this respect, PW patients can enter the hospital system from any given location. The command no longer has a hospital(s) dedicated solely for PW care. Each hospital independently must arrange for the proper security of these PW patients and insure the proper protection of all patients and facilities.

2 Medical treatment facilities, unlike many other combat service support activities, operate on a 24 hour/day basis. Dedicated to the mission of patient care whenever and wherever tasked, the authorized staff of a hospital is spread relatively thin in providing for any and every exigency. In developing a security force from organic sources which is sufficient to protect the patients, the assigned personnel, and the real estate encompassed by the facility, the hospital commander is placed in

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

a compromising situation. During periods of heightened enemy threat, he is often faced with the decision to curtail some type of patient activity in order to bolster his security posture.

3 Conscientious objectors are abundant in the Army Medical Department. Assignment of these personnel to any given unit further decreases the ability of the unit to protect patients, assigned personnel and property.

4 Unlike previous conflicts, the hospital commander has little choice in the location and layout of his facility. He becomes interwoven in the network of installation defense, often with a greater land mass than he is sufficiently capable of protecting.

(c) Recommendations: Hospitals should be provided security forces when operating in a combat zone. The major medical command and control headquarters should be assigned a military police composite unit, probably a battalion-sized unit for a medical brigade. The commander could then assign or attach appropriate-sized companies and/or detachments to the medical groups for further attachment to hospitals as required.

(5) Hospital package without extensive site preparation:

(a) Observations: The Army Medical Department has constantly striven to improve Field Army level medical service. During WW II TOE hospitals in the combat zone were mobility oriented, constantly displacing to new locations in order to be closer to the casualties. This concept of deployment continued on through the early stages of the Vietnam war. With the development of the MUST hospital and its extensive use in the combat zone, throughout 1967 and 1968, commanders thought that the ideal mobile hospital treatment package was now in the inventory. At the time the MUST was being utilized in Vietnam, other types of treatment facilities were also being utilized. For example the Air Force has made extensive use of the modular plant at aeromedical casualty staging facilities. The prefabricated quonset-shaped hospital has been used by certain US Army evacuation hospitals. The Australians are utilizing a prefabricated gabled hospital at Vung Tau. There is a very definite trend taking place in Vietnam from the mobility concept toward fixed-type facilities. This shift in emphasis necessitates a second look at our available resources.

(b) Evaluation: 1 All of the "type" hospitals mentioned above have inherent problems which make it extremely difficult to actually assert one as being superior to the others.

For example the MUST hospital is extremely vulnerable to enemy mortar/rocket attack due to the inflatable elements. In order to reduce this vulnerability, a system of revetments have been constructed and the MUST "encased" within the defense structures. This action minimizes the mobility concept as certain difficult to obtain Material Handling Equipment

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

(MHE) is required to extract the unit from its encasement.

2 "Surgical", "field" and "evacuation" hospitals are names only in Vietnam. All hospital units essentially perform similar functions due to an assigned area mission. A good example is one 60 bed surgical hospital operating a 125 bed plant while an evacuation hospital with a normal operating allowance of 400 beds operates only 133 beds.

3 It is apparent then that a more ideal situation would allow for a "type" facility or unit that could be expanded or drawn down as the mission changes. The unit should not be tied down to a specific TOE but have a series of assemblages with parameters approximating the current evacuation hospital on one end of the continuum and the surgical hospital at the other extreme. The essential element necessary is flexibility.

4 Hospital mobility has not been too great a matter of concern during this conflict. It has been more efficient to move the patient to the hospital via strategically placed air ambulances than to bring the hospital to the patient. In addition, air superiority has not been challenged during the conflict which could be a limiting factor in any future engagement.

(c) Recommendation: That proponents of force development and/or research and development study the feasibility of a single type hospitalization unit equipped with modular-type buildings and a flexible Table of Organization and Equipment that can be modified to support a given mission.

d. Organization: Reorganization of Veterinary Combat Service Support Units

(1) Observation: TOE's 8-500D, 8-500G, and 8-680G do not provide the personnel with the proper qualifications (MOS and Grade) to enable fulfillment of all Veterinary combat support missions. Teams currently organized or described in the above TOE's have been observed to be deficient in their ability to perform the following functions:

(a) Maintain and administer personnel records.

(b) Requisition and maintain supplies.

(c) Implement required maintenance methods for tactical and administrative vehicles.

(d) Prepare for and/or conduct command maintenance management inspections.

(e) Perform inspections of subordinate units to insure proper record keeping and proper utilization of supplies and equipment.

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

(f) Conduct property surveys to determine accountability/responsibility in case of loss or damage.

(2) Evaluation: TOE's should be changed to provide personnel with the proper qualifications and an organization of such a nature that the units are fully responsive to changing combat situations and capable of fulfilling all veterinary combat support missions.

(3) Recommendation: That DA undertake a study to review veterinary TOE's. To provide area veterinary service in a theater of operations (subsistence inspection, care of military dogs, and zoonosis control), it is recommended that all veterinary personnel (except those organic to Infantry Scout Dog Platoons, Special Forces Groups, Medical Brigades, and Medical Commands) be assigned to veterinary units attached to a medical command or medical brigade.

e. Training: None.

f. Logistics:

(1) Evacuation of Military Dogs

(a) Observation: At various times, difficulties have been encountered in the evacuation of military dogs from dog units and veterinary clinics to the two hospitals in RVN where complete veterinary treatment and hospitalization services are available.

(b) Evaluation: It was found that in certain instances military dogs were being held at clinics near the dog units and not being evacuated to the facilities which could provide more comprehensive veterinary treatment. To remedy this situation, an evacuation policy was established whereby dogs requiring treatment for more than 7 days would be evacuated. A Veterinary medical regulator was designated to direct the flow of dogs to the two hospitals. Evacuation of military dogs was coordinated with the Air Force and with medical units (MEDEVAC) utilizing ground and air ambulances.

(c) Recommendation: This method of evacuation of military dogs should be continued.

(2) Pets and Military Dogs Departing RVN:

(a) Observations: There is a high incidence and wide dispersion of the disease "Idiopathic Hemorrhagic Syndrome" (IHS) in military dogs and most probably in indigenous dogs in RVN.

(b) Evaluation: Based on monthly blood screening tests conducted with military dogs it is now possible to detect IHS suspects. On the

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65 (R2)

basis of data accumulated, directives have been issued to veterinarians in RVN to the effect that health certificates will not be issued for pets departing RVN unless the total white blood cell count and the packed cell volume are within the normal range. Likewise, the same criteria is being used for issuing health certificates to sentry dogs destined for retraining to Okinawa.

(c) Recommendation: Although this procedure does not preclude the spread of IHS by dogs incubating the disease, it does eliminate the chances of transmission by dogs exhibiting blood values characteristic of the disease. Since this is the best and only method for prevention of the spread of this disease at present, recommend it be continued until such time as a more effective and earlier method of detection becomes available.

(3) Early Detection of Idiopathic Hemorrhagic Syndrome (IHS):

(a) Observation: Although the causative organism for IHS has not yet been positively determined, Ehrlichia canis has been incriminated. Ehrlichia like inclusion bodies were found in a peripheral blood smear from an apparently "normal" dog shortly before the dog showed symptoms of IHS.

(b) Evaluation: A screening program of 25 "normal" dogs was begun to find Ehrlichia like inclusion bodies in peripheral blood smears. If found, some of the dogs will be treated with Tetracycline while others will serve as controls.

(c) Recommendations: This program should be continued and, depending on results obtained, expanded until such time as it can be determined whether or not peripheral blood smears are of value in the early detection of IHS and Tetracycline is evaluated as to usefulness in preventing a fall in total WBC count and Packed Cell Volume.

(4) Dog Holding Detachments:

(a) Observation: Due to the high incidence and prolonged course of IHS, it has been found that certain military dog units have been unable to adequately perform their mission due to too few dogs fit for duty.

(b) Evaluation: Dog holding detachments were established at the two veterinary hospitals in RVN. If it is determined that the military dogs will be hospitalized for a period of 15 days or longer, the animal is transferred to the dog holding detachment from the dog unit thereby enabling the dog unit to requisition a replacement for duty.

(c) Recommendation: The above procedure has proven effective and its use should be continued.

AVBJ PO

15 February 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

(5) Military Stress Diet for Military Dogs:

(a) Observation: The US Air Force desires to feed all of their dogs a "Military Stress Diet" (MSD) to replace Gaines Meal, horse meat, and other foods currently being used. The office of Director of Food, 1st Logistical Command has inquired about the use of this diet in US Army Dogs.

(b) Evaluation: If MSD can be used to feed all military dogs in RVN, all other types of dog food now in use could be eliminated thereby reducing the types of dog food in military supply channels and depots. One pallet of MSD has been ordered for trial in Sentry and Scout Dogs. It will be evaluated as to acceptance (palatability) and adverse affects.

(c) Recommendation: If MSD is evaluated favorably, it should be substituted for dog foods presently in use.

(6) Security Animal Runs for Zoonosis Control:

(a) Observation: Many of the veterinary dispensaries scattered throughout RVN do not have adequate animal holding facilities for the quarantine of rabies suspects. In most cases, one to two years are required to obtain kennels of permanent construction with adequate security. By this time, mission and support requirements may have changed so that the veterinary facility location may have had to be changed.


(b) Evaluation: Five, two-cage units (8 ft wide, 6 ft long, 5 ft high) have been ordered to be used on a trial basis for field evaluation.

(c) Recommendation: If field tests are favorable, consideration should be given to the inclusion of these or similar units as TO&E equipment for those TO&E veterinary units responsible for zoonosis control.

g. Communications: None.

h. Materiel: None.

i. Other: None.


DOUGLAS LINDSEY
Colonel, MC
Deputy Commander

AVHGC-DST (15 February 1970) 1st Ind
SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 963751 0 MAR 1970

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1970 from Headquarters, 44th Medical Brigade.

2. Comments follow:

a. Reference item concerning "Veterinary Enlisted MOS 91R (Food Inspection Specialist)", page 9, paragraph 2a(3); concur. Recommend DA conduct a study to evaluate the standards of grade organizations and discription of skills and knowledges for veterinary enlisted MOS 91R.

b. Reference item concerning "Contractor Contractual Responsibilities", page 10, paragraph 2c(1); concur.

(1) The Army Contracting Officer requested data from contractors, medical personnel, and veterinarians concerning the necessity for the required examinations and tests. Five tests were recommended for elimination by all concerned.

(2) Contracting Officer by msg, DTG 040600Z Feb 70 requested CINCUSARPAC authorization to discontinue the tests as they were no longer required for medical reasons and added unnecessary costs to the contract.

(3) Contracting Officer, USAPAV, has made arrangements with contractors to allow the Medical Brigade to perform analysis at the contractor's plant. This change will be implemented on 1 Apr 70, or when necessary testing equipment becomes available.

c. Reference items concerning "Government Testing of Dairy Products", page 10, paragraph 2c(2); concur. The USARV Veterinarian has taken action to implement this system with contract dairies.

AVHGC-DST (15 February 1970) 1st Ind

10 MAR 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 January 1970 RCS, CSFOR-65 (R2)

d. Reference item concerning "Hospital Security Force", page 11, paragraph 2c(4); nonconcur. It is recognized that this is not a war-time environment, as in World War II, for medical units. It is further realized that medical units operate on a 24 hour basis, that they have no organic or attached security forces and that Conscientious Objectors complicate their problems. These factors can be equally applied to other combat service support units such as quartermaster, transportation, maintenance, aviation and other units who have comparable missions, operate 24 hours daily, have no organic security and are positioned in relatively isolated positions. The austere manpower situation which exists throughout the Army and especially in Vietnam, precludes utilization of Military Police or combat units solely as guards for hospitals. In Vietnam, internal security is the responsibility of the local commanders. As a rule, hospitals are not located in isolation; they are co-located with other combat service and combat service support units. They are often assigned responsibility for a sector or smaller portion of the external perimeter. Field Army medical units operating in a semi-secure environment must have assistance for security. This requirement must be coordinated with co-located units and responsibilities assigned according to capability. Security of installations in Vietnam is a problem which requires coordination and cooperation on the part of all. No action by DA is required.

e. Reference item concerning "Hospital Package without extensive site preparation", page 12, paragraph 2c(5); concur. The combat support hospital developed under TOE 8-123 is a step in this direction but further development of facilities are needed.

f. Reference item concerning "Reorganization of Veterinary Combat Service Support Units", page 13, paragraph 2d. Nonconcur in recommendation that DA undertake a study of veterinary TOE's. Such a study of veterinary requirements in RVN is properly an area for the USARV Surgeon's office or the 44th Medical Brigade. When critical circumstances require, a commander may submit a Modification Table of Organization and Equipment (MTOE) action as an exception to the current moratorium to meet recognized combat requirements. It is the purpose of a MTOE to modify and tailor a unit organization, personnel and equipment to fit a specific situation. While a TOE is applicable worldwide, a unit's MTOE is designed for employment in a particular theater of operations.

g. Reference item concerning "Pets and Military Dogs Departing RVN", page 14, paragraph 2c(2); concur.

AVHGC-DST (15 February 1970) 1st Ind

10 MAR 1970

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 January 1970, RCS CSFOR-65
(R2)

h. Reference item concerning "Early Detection of Idiopathic Hemorrhagic Syndrome (IHS)", page 15, paragraph 2f(3); concur. The 44th Medical Brigade (Medical Command) will continue this study.

i. Reference item concerning "Dog Holding Detachment", page 15, paragraph 2f(4); concur. This procedure should be useful to other commands that experience long periods of hospitalization with assigned dogs.

j. Reference item concerning "Military Stress Diet for Military Dogs", page 16, paragraph 2f(5); concur. Upon completion of study the USARV Veterinarian will report on the favorability of MSD.

FOR THE COMMANDER:



C. E. MICHELS

MAJ, AGC

Assistant Adjutant General

Cy furn:
44th Med Bde

GPOP-DT (15 Feb 70) 2d Ind

SUBJECT: Operational Report of HQ, 44th Medical Brigade for Period
Ending 31 January 1970, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 27 MAR 70

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:



C. L. SHORTT
CPT, AGC
Asst AG

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